PTO/SII/30 (10/2001) Approved for use Ulrough 10/31/2002 OMB 0651-0031 U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST **FOR** CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: **Commissioner for Patents** Box RCE Washington, DC 20231

Application Number	09/438,037
Filing Date	11/10/1999
First Named Inventor	David V. Caletka
Art Unit	2827
Examiner Name	Mitchell, James M.
Altorney Docket Number	EN9-99-080

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission req	uired under 37 CFR	91.114				1
(Any unenter	amendment(s)/reply und ed amendment(s) referre	d to above will be entere	ed).	8/20/20 <u>02 and 2/24/</u> 2003_		
ii. ☐ Consider ti iii. ☐ Other	he arguments in the	Appeal Brief or Rep	oly Brief previ	iously filed on _		
b. ☐ Enclosed i. ☐ Amendi ii. ☐ Affidavi	ment/Reply t(s)/Declaration(s)	iii. 🔲 Informativ. 🔲 Other	tion Disclosur	re Statement (IDS)		_]
2. Miscellaneous a. Suspension of a period of b. 1.1 Others	of action on the abov	re-identified applica suspension shall not exc	tion is reques eed 3 months; F	sted under 37 CFR § ee under 37 CFR§1.17(i	1.103(c) for) required)	
b. L. Other 3. Fees The RCE f a. A The Director Deposit Acco	ee undor 37 CFR §1.17(a is hereby authorized ount No. 09-0457	i to charge the follo	t §1.114 when the wing fees, or	credit any overpaying	nents, to X RECELV	ED
i. 🔕 RCE fe	e required under 37 ion of time fee (37 CF	CFR §1.17(e)			APR 2 1 200	٦ ا
	1011 01 mm 100 (11			<u>'</u>	-	
iii. Other b. Check in the c. Payment by	amount of \$	enclosed	blic. Credit c	<u> </u>	TITIONS OFFI	1
iii. Other b. Check in the c. Payment by	amount of \$ credit card (Form PTO nformation on this fo on this form. Provide	enclosed	blic. Credit cation and auth	PE ard information shou norization on PTO-20	TITIONS OFFI	1
iii. Other b. Check in the c. Payment by	amount of \$ credit card (Form PTO nformation on this fo on this form. Provide	enclosed 0-2038 enclosed) orm may become pu 0-crodit card informa	blic. Credit cation and auth	PE ard information shou norization on PTO-20	TITIONS OFFI	1
iii. Other b. Check in the c. Payment by WARNING: to	amount of \$ credit card (Form PTO nformation on this fo on this form. Provide SIGNATURE OF	enclosed 0-2038 enclosed) orm may become pu 0-crodit card informa	blic. Credit cation and auth	PE ard information shou norization on PTO-20 ENT REQUIRED	TITIONS OFF	1
iii. Other b. Check in the c. Payment by WARNING: II be Included of	amount of \$ credit card (Form PTO information on this form, Provide SIGNATURE OF	enclosed -2038 enclosed) orm may become pu e credit card information APPLICANT, ATTOR	chlic. Credit cation and authors of RNEY, OR AGISTE Date	ard information shoundrization on PTO-20 ENT REQUIRED ation No. (Allorney / Agant) 2/24/2003	TITIONS OFFI	
iii. Other b. Check in the c. Payment by WARNING: I be included o	amount of \$ credit card (Form PTO nformation on this for n this form. Provide SIGNATURE OF	enclosed -2038 enclosed) orm may become pu e credit card information APPLICANT, ATTOR	RNEY, OR AGI ROGIST Dale OR TRANSMI	ard information shound information shound information on PTO-20 ENT REQUIRED ation No. (Atlantay / Agant) 2/24/2003	TITIONS OFF	
iii. Other b. Check in the c. Payment by WARNING: In be included a Name (Punt/Typo) Signature I hereby certify that this come envelope addressed to:	amount of \$ credit card (Form PTO nformation on this for n this form. Provide SIGNATURE OF	enclosed -2038 enclosed) orm may become pu e credit card information APPLICANT, ATTOR	RNEY, OR AGI ROGIST Dale OR TRANSMI	ard information should be a sh	TITIONS OFF	CE
iii. Other b. Check in the c. Payment by WARNING: In be included of Name (Pant/Typo) Signaturo I hereby certify that this come envelope addressed to and trademark	amount of \$ credit card (Form PTO nformation on this for on this form. Provide SIGNATURE OF After L. Pisce CERTIF rrespondence is being de Commissioner For Pater	enclosed p-2038 enclosed) prim may become pure crodit card information applicant, ATTOR EIGATIES OF MAILING, apposited with the United only, Box RCE, Washing	RNEY, OR AGI ROGIST Date OR TRANSMI States Postal Science, DC 20231,	ard information should be a sh	TITIONS OFF	789-3-1 1050 1-1-1-100 1-1

Patents, Box RCC, Washington, DC 20231.